



Idaho Limited Liability Company Annual Report Form

Dort Form

Return completed form within 30 days on: File online at: sosbiz.idaho.gov Idaho Secretary of State Due no later than: 02/28/2021 Attn: Annual Reports 450 North 4th Street Boise, ID 83720 Annual Report: No filing fee if received by the due date. Phone: (208) 334-2300 Filing Status: Active-Existing SOS Control Number: 190418 Limited Liability Company (D) Date Formed: 02/26/2007 Formation Locale: ID 12:56 (1) Add or Change Mailing Address: Name and Mailing Address: CHARNIN'S ROSE, LLC Charnin's Rose LLC 1681 RUBY CREEK RD NAPLES, ID 83847-5215 Received Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: ISAYAH SKINNER 1683 RUBY CREEK RD Note: The Registered Office address must be a physical Idaho address (no postal box). **NAPLES, ID 83847** አዋ (3) New Registered Agent (RA) Signature: < If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment (4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as at at bear' or 'same as at at bear' or 'same as at These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachmen 🗗 Manager/Member **Business Address** City, State, Zip Name ☐ Mgr ☐ Mem ∏Mgr ∏Mem H ☐ Mgr ☐ Mem ŧΩ ☐ Mgr ☐ Mem đ Mar Mem

Mgr Mem	
Mgr Mem	
Mgr Mem	Ď.
(5) Signature: Lot C. Skonner	(6) Date: Jan 14th 20217
(7) Type/Print Name: Lovi C. Skinner	(8) Title: manager - (nember)
)

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.